

# PSJ3

## Exhibit 189

## Message

**From:** Kathleen Strauser [kstrauser@highwaterpartners.net]  
**Sent:** 9/2/2015 11:54:57 AM  
**To:** mstanton@pernixtx.com; Haddox, Dr. J. David [/O=PURDUE/OU=EXternal (FYDIBOHF25SPDLT)/cn=Recipients/cn=94c5411b9b1c426c828a1f73710745b6]; 'CLAAD Policy' [policy@claad.org]; 'Hyde, Anna' [ahyde@arthritis.org]; btwillman@aapainmanage.org; Rosen, Burt [/O=PURDUE/OU=EXternal (FYDIBOHF25SPDLT)/cn=Recipients/cn=1f792308a3514b9fb7647c557de3cb18]; Michael Barnes [mbarnes@claad.org]  
**Subject:** Pain Care Forum Task Force Responding to CDC Prescribing Guidelines - Topics for Friday Call  
**Attachments:** common\_elements\_in\_guidelines\_for\_prescribing\_opioids-a.pdf; Copy of PainGuidelineComparisons.xlsx; 2013-08-14 FINAL Guidelines poster.pdf

In preparation for our call on Friday, I thought it may be useful to recap what we hope to accomplish and share some suggestions and initial thoughts that several of you have shared. I am following this email with some materials I had on hand that might save you some time searching. I'll break them up by topic and send in chunks so we don't have transmission/receipt problems related.

Our Task

- We need to review and respond to the new CDC prescribing guidelines during the webinar and within the 48 hour comment period they have designated. Note that Bob Twillman will be part of a group of stakeholders that will receive the guidelines for review prior to the webinar. We don't know yet when that will be or if he'll be able to share them with us. As soon as that becomes clear, I'll let you know.
- We also need to share our review and response with Pain Care Forum members so those who agree can sign on.

Assumptions/ Suggestions

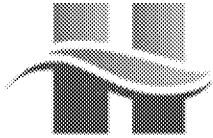
- The new guidelines are likely to build on the project that produced the attached pdf. The excel file was also produced as part of that project. Bob Twillman worked with this group on this project and can give us background, insight into CDC thinking at that point.
- Dr Haddox shared the attached poster his group did that goes a bit further than the attached comparison and we may want to address how many evaluative criteria CDC includes in its new guidelines.
- We should be prepared to address the conformity or difference of the new CDC guidelines with other guidelines in use.
- We should address conformity/difference from medication package inserts, REMS, etc.
- Where guidelines are based on weak or no evidence, we should highlight that. The most recent evidence review from AHRQ for the October 2014 NIH Pathways to Prevention program delineates the severe limitations in evidence to support clinical decision making. We may be able to use the 2009 APS/AAPM guideline evidence evaluation. Will attach both in separate email.
- If the guidelines fail to include key components such as abuse deterrent formulation use, SBIRT, or UDT, we should be prepared to support with evidence their inclusion.
- In addition to the PCF response, practitioner associations, patient orgs, manufacturers, and policy makers may want to craft their own individual communications for CDC, media, and constituents. We should discuss sharing our talking points. Depending on the severity of the guidelines, follow-up grass-roots campaigns may be needed.
- We should share our PCF communication with big media – WP, NYT, etc.
- We should anticipate what PROP is likely to say about the guidelines since they'll grab the spotlight. Will send several PROP responses in separate email.
- We should address CDC and their uneven treatment of the opioid problem, the misleading or partial data driving the prescription opioid "epidemic"
- What is the precedent for CDC *prescribing* guidelines? They have only addressed antibiotic prescribing in the past.
- We should address the process for creating the guidelines, who participated, who should have participated, etc. I will send the rfp for this project that they sent earlier this year in a separate email.
- We should be able to articulate in affirmative language what CDC should be doing to help keep patients who need opioids safe. Will send in separate email some communications already crafted around this.

Hope I have not overlooked anything you've all said/sent. On Friday, we should be focused on how to practically tackle constructing communication points in advance of the webinar. Look forward to speaking with everyone.

Best regards,

Kate Strauser

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